Ådmini	OF CAL stration			onal	•	•					Page o	f Pages				
STD 26	62 A (RE\	/ 9/2007)		1		leen	CSAN OD EMDI OVEE NUMBER					DEDARTMENT				
CLAIMANT'S NAME Frank McCarton							SSAN OR EMPLOYEE NUMBER					DEPARTMENT CalEMA				
POSITION CB/ID NUMBER												INDEX NUMBER				
Undersecretary E99 RESIDENCE ADDRESS							DQUARTE		DRESS			2000 Executive Office TELEPHONE NUMBER				
NEGIDENOL ADDICES							Schrieve					(916) 845-8530				
CITY STATE ZIP CODE						3772000						ZIP CODE 95655				
(1) NORMAL WORK HOURS:												(3) MILAGE RATE CLAIMED:				
0800 - 17											0.50				(12)	
MONTH					MEALS											
	5/2010		LOCATION		BREAK-		O.T.,L/T. N/C. RELO.	passa da composa.		(B) TYPE	(C) CARFARE,		CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES	
(5) DATE	TIME	WHERE EXP WERE INC			FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT		FOR DAY	
5/12	430-2200	Sacra	amento to		6.00					sc	9.00				15.00	
			Imperial							A	7.00		 	 	13.00	
5/18	530	Sacramer		100000000000000000000000000000000000000	6.00	10.00	18.00			sc				T	160.57	
		Area	Area to Orange County							Α						
5/19	2100		County to cramento		6.00	10.00	18.00	6.00		A, RC, SC	100000				-70.00 58.00	
			01011101110							+	18.00	-	ļ	 	00,00	
5/21	0650-1700	Sacramer	nto to Los es and RT							A, SC	9.00	1		1.6	9.00	
										7,50	7,0			0 0	 	
													<u> </u>	= 0		
5/25	0530	30 Sacramento to Monterey		474.65 115.65	6.00	10.00	18.00			sc			r	C III	149.65	
5/26	1700	1700 Monterey to Sacramento		.0.00	6.00	10.00		6.00		sc			†	- 5	22.00	
										-			<u> </u>			
													9	7777	11	
													0	<u>m</u>		
													2			
														5		
(13)		SUBTOTAL		247.21	30.00	40.00	54.00	12.00		-	36.00	<u> </u>			414.22	
(10)	CLAIM TOTAL			230.22	50.00	40.00	54.00	12.00			00.00		L	L	494.22	
5 5 5 5	DSE OF TRIP, I 6/12: Travel to 6/18: Travel to 6/19: Garage po 6/21: Meeting v 6/25: Travel to	Imperial Co. fo Bay Area and arking used fo vith Governor's	or Earthqua on to Oranç r safety pre s Office	ke Relief Effo ge County for cautions due	orts Golden Gua	rdian Event	s							(414,00	
(A)	NCY ACCOL		PCA	PROJECT	r Work Phase	OBJ A	O AMOUN	т овј	AO A	MOUNT C	BJ AO	MOUNT	OBJ AO	AMOUNT	TOTAL	
PAID BY REV. FUND CHECK No.		99650			292	434.22			0.00					494:22		
			-				378	الود		34.00			-	_	1414.22	
			-			-		-	-						-	
					-		378.	22		00.58			-		414 22	
				TOTALS			434.22			-60.00-					494.22	
and milage	EBY CERTIFY rates exceed to 0753 and 0754	ne minimum rat	e, I certify	nat the cost of	operating the	e as incurre vehicle was	d by me in ac equal to or a	cordance w reater than	ith DPA rule the rate cla	es in the servi injed, and tha	I have met th	e requiremer	nts as prescrib	ed by SAM S	ections 0750,	
B-77					,	(نرورط	/	-	30 M 1 M 10 T		n	****ENT	ľ	DATE /14	1/10	
6(1/15UL)	IAI PAR				-	,0,0			2770					DATE	110	
y(II) GPEC	IAL EAFLINGE							_	**				1	MIE		
Rev	riewed by P	am Rocksv	old on 0	6/07/2010					- 1/							